2001 UNIFORM BUSINESS REPORT (UBR)

000544 AF

DOCUMENT # A96000001048

1. Entity Name

THIRD AVENUE ASSOCIATES, LTD.

FILED
01 JUN -1 PM 12: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309	6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
300 SE 2nd Street	300 SE 2nd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33301 / Country:	Zip: 33301 / Country:

4. FEI Number 65-0669672 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUKE, BRYAN W
6400 NORTH ANDREWS AVENUE
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: Patricia Jones
Street Address (P.O. Box Number is Not Acceptable): c/o Stiles Corporation
300 SE 2nd Street
City: Ft. Lauderdale, FL FL Zip Code 33301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] 2/21/01
Signature, typed or printed name of registered agent and title if applicable. Patricia Jones (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $6,828,573.24

10. Amount of Capital Contributions in FLORIDA to date $6,828,573.24

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	A99000000463	STREET ADDRESS	300 SE 2nd Street
NAME	S/ELA GP, LTD.		
STREET ADDRESS	6400 NORTH ANDREWS AVENUE	CITY-ST-ZIP	Ft. Lauderdale, FL 33301
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		
DOCUMENT #		STREET ADDRESS	800004422618--3
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CR2E003 (11/00)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [signature] REQUIRED 2/21/01 954/627-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Patricia Jones — Date — Daytime Phone #